

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Warden Gladys Deese
Tutwiler Correctional Facility
8966 U.S. Highway 231, North
Wetumpka, AL 36092

C & D 05-576

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Susan Munn☐ Agent☐ Addressee

B. Received by (Printed Name)

Susan Munn

C. Date of Delivery

6/23/05

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7004 2510 0001 0150 5214

95-02-M-1540

PS Form 3811, August 2001

Domestic Return Receipt

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1. Article Addressed to:

Dep. Warden Frank Albright
Tutwiler Correctional Facility
8966 U.S. Highway 231, North
Wetumpka, AL 36092

CdO 05-576

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Frank Albright*

☐ Agent☐ Addressee

B. Received by (Printed Name)

Frank Albright

C. Date of Delivery

6/23/05

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7004 2510 0001 0150 5238

102595-02-M-1540

PS Form 3811, August 2001

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lt. Lenita Hawthorne
Tutwiler Correctional Facility
8966 U.S. Highway 231, North
Wetumpka, AL 36092

C40 05-596

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Suzi Munn☐ Agent☐ Addressee

B. Received by (Printed Name)

Suzi Munn

C. Date of Delivery

6/23/05

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 2510 0001 0150 5252

Domestic Return Receipt

102595-02-M-1540